FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066208 (4)

NESTOR INTERNATIONAL, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Plac	e or business	Mailing Addre	55			
1624 CYPRE ORLANDO F	SS RIDGE DRIVE L 32625	1624 CYPRES ORLANDO FI	SS RIDGE DRIVE . 32825			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/31/1997
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number Applied For
21		26	26			Not Applicable
Suite, Apt.	#. etc.		Suite, Apl. #, etc.			SS 75 Additional
22		<u>├</u>	27			5. Certificate of Status Desired Fee Required
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be
	•	·····	28			Trust Fund Contribution Added to Fees
23 Zip	Country	Zip		Country		
	<u>├</u> ¬ `		├ ¬	Couring		8. This corporation owes or has paid the current year Intaggible
24	[25]	29	30	-1		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Agen	<u> </u>	-		10. Name and Address of New Registered Agent
Al-	MERILAWYER CHARTERED			81	Name	
34	343 ALMERIA AVENUE					Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134					0.10017	tadiobs (176. box trainsol is frot toospasio)
•				83		
				84	City	FL 85 Zip Code
		500 - 1007 4500 FI				• • • I
office or r	to the provisions of Sections 607.0 e giste red agent, or both, in the Sta	อบz and 607.1508, Fic ite of Florida. Such ch	rida Statutes, tr ande was autho	rized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or punted name of registered in	negational title it auplicable	/NOTE Best	istored Age	el e enalure	required when reinstaling} OATE
12,		ND DIRECTORS		13.	in a gridiant	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			1.1 TITLE		Change Addition
		Ш				Collargo Caracteria
NAME	NESTOR, THOMAS L III	11. AT		1.2 NAME		
STREET ADDRESS	1624 CYPRESS RIDGE DR	IVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825			1.4 CITY - S	T-ZIP	
TITLE	VTD		DELETE	2.1 TITLE		Change Addition
NAME	Nestor, Thomas L II			2.2 NAME		
STREET ADDRESS	1824 CYPRESS RIDGE DR	IVE		2.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825			2. 4 CITY - S	ST-ZIP	i
TITLE	8			3.1 TITLE		Change Addition
NAME	NESTOR, MATILDE			3.2 NAME		- · -
	1624 CYPRESS RIDGE DR	N/C			ADDDCCO	
STREET ADDRESS		IAE		3.3 STREET		
CITY-ST-ZIP	ORLANDO FL 32825	· · · · · · · · · · · · · · · · · · ·		3.4. CITY - S	I - ZIP	Moral Marcon
TMLE				4.1 TITLE		Change Addition
NAME			1	4. 2 NAME		
STREET ADDRESS				4.3 STREET	address	
CITY-ST-ZIP				4.4 CITY-S	7-ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5 2 NAME		V (1)24
STREET ADDRESS				5.3 STREET	ADDRESS	LY10'
						υ <i>-</i> (
CITY-ST-ZIP	-			5.4 CITY-S		COCOCOSTS 1 Sepange Addition
TITLE		Ц		6.1 TITLE		600002505156 □ Addition -04/29/9801059021
NAME			1	6.2 NAME	rae a [-04/23/3801023021
STREET ADDRESS			1	6.3 STREET	ADDRESS	***150.00
CITY-ST-ZIP	•		1	64 CITY-S	T-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.